

11-14-05

AF/16/4
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Atty. Dkt. No. 310473-1250



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guy Michael MILLER, et al.

Title (After Amendment): METHODS FOR THE PREVENTION AND TREATMENT OF CEREBRAL ISCHEMIA USING NON-ALPHA TOCOPHEROLS

Appl. No.: 10/020,450

Filing Date: 12/14/2001

Examiner: Spivack, Phyllis G.

Art Unit: 1614

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 643 730 935 US November 9, 2005
(Express Mail Label Number) (Date of Deposit)

Laura DiStefano

(Printed Name)

(Signature)

AMENDMENT PURSUANT TO 37 CFR 41.33 and 1.116(b)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment pursuant to 37 CFR 41.33 and 1.116(b) is being filed after the Notice of Appeal filed on September 7, 2005 but before the filing of the Appeal Brief. This amendment is being filed in order to place the rejected claims in better form for consideration on appeal.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 8 of this document.



Atty. Dkt. No. 310473-1250

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guy Michael MILLER, et al.

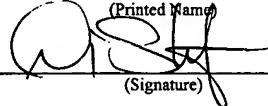
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<u>Laura DiStefano</u> (Printed Name)	
 (Signature)	

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

[X] Amendment Transmittal + duplicate (4 pgs.);
[X] Amendment (9 pgs.);
[X] Return Receipt Postcard.
[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	53	-	62 = 0	x \$50.00	= \$0.00

Independent Claims:	1	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$360.00 =									\$0.00
CLAIMS FEE TOTAL =									\$0.00

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Nov. 9, 2005

By Lorna Tanner

FOLEY & LARDNER LLP
1530 Page Mill Road
Palo Alto, California 94304-1125
Telephone: (650) 251-1104
Facsimile: (650) 856-3710

Lorna L. Tanner
Attorney for Applicant
Registration No. 50,782